

INDEPENDENT SMALL BUSINESS GASOLINE MARKETER AFFIDAVIT & WORKSHEET FOR CERTIFICATION OF STAGE II VAPOR RECOVERY EQUIPMENT EXEMPTION

Commonwealth of Virginia
City/County of:

I certify that:

I am an independent small business gasoline marketer engaged in the marketing of gasoline and I do own the following gasoline dispensing facility located in the Commonwealth of Virginia:

Facility Name:

Facility Address:

| | |
|---|------------------|
| 1. Is the above facility used exclusively for the refueling of marine vehicles, aircraft, farm equipment, and/or emergency vehicles? <i>If YES - STOP here. Sign, notarize and return this document to the Va. DEQ.</i> | Yes or No |
| 2. What is the above facility's Average Monthly Throughput (AMT) in gallons? | Yes or No |
| Is the AMT LESS than 10,000 gallons? <i>If YES - STOP here. Sign, notarize and return this document to the Va. DEQ.</i> | |
| 3. Do you own the above gas dispensing facility AND are you required to pay for the procurement and installation of vapor recovery equipment? <i>If NO - STOP here. Return this document the Va. DEQ with the contact information of the owner of the gas dispensing facility.</i> | Yes or No |
| 4. *What percentage of your annual income is from the marketing of gasoline? | % |
| *Are you a refiner of gasoline? | Yes or No |
| <i>If YES - then what percentage of your annual income if from the refining of gasoline?</i> | % |
| 5. Does a refiner own more than 50% of your business? | Yes or No |
| 6. Does your business own more than 50% of a refiner? | Yes or No |
| 7. Does another company/person own more that 50% of your business? | Yes or No |
| 8. If YES – does that company/person own more that 50% of a refiner? | Yes or No |
| 9. Is your business directly or indirectly affiliated with a refiner, company or person? <i>If YES – then:</i> | Yes or No |
| 10. Do they own more than 50% of a refiner or, | Yes or No |
| 11. Does a refiner own more that 50% of them? | Yes or No |
| 12. Is this affiliation solely by means of a supply contract or trademark agreement? | Yes or No |
| * NOTE: Use Worksheet on page 2 to complete this information. Submit worksheet with the affidavit. | |

I swear that the information contained in this Affidavit is true, accurate and complete.

(Signature of Marketer)

(Print Name of Marketer)

Subscribed and sworn to before me by _____ (Name of Marketer) on this _____ day of _____, _____.

Notary Public

My Commission expires: _____.

INDEPENDENT SMALL BUSINESS GASOLINE MARKETER WORKSHEET

Facility Name:

Facility Owner:

Facility Location:

| | |
|--|---------|
| A. Gross Income (Total income for the most recent calendar year) | \$ |
| B. Gross Income from Gas Sales (Income from gas sales ONLY - DO NOT include diesel, for the same 12 months used in Question A) | \$ |
| C. Gasoline Sales % = (Answer to Question B divided by Answer to Question A) x 100 | % |
| D. Gallons of gas pumped in the last two calendar years | gallons |
| E. Average Monthly Throughput = (Answer to Question D divided by 24) | gallons |

I agree that these figures are accurate and I have **attached documentation** that shows Gross Income, Gross Income from Gasoline Sales for the last calendar year; and, Gasoline Throughput for the last two calendar years.

Owner's Signature:

Corporation Name:

Date: _____